

SUSPECTED INSURANCE FRAUD CITIZEN REPORTING FORM

Public Employees Insurance Agency
601 57th St., SE, Suite 2
Charleston, WV 25304-2345

Suspect

Name (First MI Last) _____ Telephone _____

Address _____ Date of Birth _____

City, State, Zip _____ Social Security _____

Prior Claims: ☐ Yes ☐ No Date of Loss _____

Involvement Insured¹ 3rd Party¹ Provider¹ Claimant¹ Witness¹ Body Shop¹
Non-Suspect Attorney¹ Chiropractor¹ Medical Doctor¹ Law Enforcement¹ Other¹

Details of Suspected Fraud

Name (First MI Last) _____ Telephone _____

Address _____ E-mail _____

City, State, Zip _____

Signature _____

REFERRAL NUMBER